UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF PENNSYLVANIA PITTSBURGH DIVISION

In re: Case No. 17-21210JAD

CHRIS J. PARRILL MARGARET A. PARRILL Debtor(s)

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Ronda J. Winnecour, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 03/29/2017.
- 2) The plan was confirmed on 06/08/2017.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1328 on 10/13/2017.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on \underline{NA} .
 - 5) The case was completed on 09/14/2020.
 - 6) Number of months from filing to last payment: 42.
 - 7) Number of months case was pending: <u>45</u>.
 - 8) Total value of assets abandoned by court order: <u>NA</u>.
 - 9) Total value of assets exempted: \$15,501.00.
 - 10) Amount of unsecured claims discharged without payment: \$26,687.86.
 - 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$70,587.70 Less amount refunded to debtor \$1,163.68

NET RECEIPTS: \$69,424.02

Expenses of Administration:

Attorney's Fees Paid Through the Plan \$3,000.00
Court Costs \$0.00
Trustee Expenses & Compensation \$3,313.02
Other \$0.00

TOTAL EXPENSES OF ADMINISTRATION:

\$6,313.02

Attorney fees paid and disclosed by debtor: \$1,000.00

Scheduled Creditors:						
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
AHN EMERGENCY GROUP OF FAYET	Unsecured	15.00	NA	NA	0.00	0.00
ALLEGHENY RADIOLOGY ASSOCIAT	Unsecured	209.00	NA	NA	0.00	0.00
ALLY FINANCIAL(*)	Secured	10,721.00	10,418.50	10,418.50	10,418.50	922.62
BANK OF AMERICA**	Secured	73,033.00	75,059.03	0.00	30,396.78	0.00
BANK OF AMERICA**	Secured	0.00	10,428.71	10,428.71	10,428.71	0.00
BANK OF AMERICA**	Priority	0.00	1,150.00	0.00	0.00	0.00
BROOKS FUNERAL HOME	Unsecured	6,556.00	NA	NA	0.00	0.00
BUREAUS INVESTMENT GROUP POR	Unsecured	675.00	675.81	675.81	261.27	0.00
BUTLER ANESTHESIA ASSOCIATES	Unsecured	66.00	NA	NA	0.00	0.00
BUTLER MEMORIAL HOSPITAL	Unsecured	525.00	NA	NA	0.00	0.00
BYRIDER FINANCE D/B/A CNAC	Unsecured	14,750.00	8,612.50	8,612.50	3,329.59	0.00
CITY OF WILDWOOD FIRE AND RESC	Unsecured	90.00	NA	NA	0.00	0.00
CREDIT ACCEPTANCE CORP*	Secured	4,496.00	3,000.00	3,000.00	3,000.00	179.53
CREDIT ACCEPTANCE CORP*	Unsecured	0.00	2,426.10	2,426.10	937.93	0.00
CREDITOR INFORMATION MISSING (Secured	375.00	NA	NA	0.00	0.00
DR FELIX BRIZUELA++	Unsecured	47.00	NA	NA	0.00	0.00
ELIZUR CORP	Unsecured	69.00	NA	NA	0.00	0.00
EQUIANT FINANCIAL SVCS++	Unsecured	2,432.00	NA	NA	0.00	0.00
EXCELA HEALTH MEDICAL GROUP+	Unsecured	13.00	NA	NA	0.00	0.00
FAYETTE REGIONAL EYE CARE	Unsecured	135.00	NA	NA	0.00	0.00
GLASS CAP FCU	Unsecured	238.00	242.64	242.64	93.80	0.00
HIGHLANDS HOSPITAL & HEALTH C	Unsecured	974.00	NA	NA	0.00	0.00
ILLINOIS VALLEY RADIOLOGY PC++	Unsecured	112.00	NA	NA	0.00	0.00
MARINER FINANCE LLC	Unsecured	3,373.00	3,294.27	3,294.27	1,273.56	0.00
PORTFOLIO RECOVERY ASSOCIATES	Unsecured	426.00	426.14	426.14	164.75	0.00
PREMIER BANKCARD LLC; JEFFERS(Unsecured	708.00	727.60	727.60	281.29	0.00
PREMIER BANKCARD LLC; JEFFERS(Unsecured	NA	392.48	392.48	151.73	0.00
PROGRESSIVE INSURANCE CO	Unsecured	890.00	NA	NA	0.00	0.00
QUANTUM3 GROUP LLC AGNT - MOI	Unsecured	175.00	215.54	215.54	83.33	0.00
RADIOLOGICAL CONSULTANTS LTD	Unsecured	63.00	NA	NA	0.00	0.00
SOMERSET TRUST COMPANY	Secured	200.00	0.00	200.00	200.00	17.00

Scheduled Creditors:						
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
SPRINT CORP(*)	Unsecured	992.00	NA	NA	0.00	0.00
SUNDANCE VACATIONS	Secured	14,750.00	NA	NA	0.00	0.00
UNITY PATHOLOGY ASSOC	Unsecured	6.00	NA	NA	0.00	0.00
UNIVERSITY OF PGH PHYSICIAN++	Unsecured	212.00	NA	NA	0.00	0.00
UPMC COMMUNITY MEDICINE	Unsecured	221.00	241.44	241.44	93.34	0.00
WEST PENN POWER*	Unsecured	2,136.00	2,269.20	2,269.20	877.27	0.00
WESTMORELAND DIGESTIVE DISOR	Unsecured	16.00	NA	NA	0.00	0.00
WESTMORELAND EMER MED SPEC+	Unsecured	916.00	NA	NA	0.00	0.00
WESTMORELAND HOSPITAL	Unsecured	374.00	NA	NA	0.00	0.00

Claim	Principal	Interest
Allowed	<u>Paid</u>	<u>Paid</u>
\$200.00	\$30,596.78	\$17.00
\$10,428.71	\$10,428.71	\$0.00
\$13,418.50	\$13,418.50	\$1,102.15
\$0.00	\$0.00	\$0.00
\$24,047.21	\$54,443.99	\$1,119.15
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$19,523.72	\$7,547.86	\$0.00
	\$200.00 \$10,428.71 \$13,418.50 \$0.00 \$24,047.21 \$0.00 \$0.00 \$0.00 \$0.00	Allowed Paid \$200.00 \$30,596.78 \$10,428.71 \$10,428.71 \$13,418.50 \$13,418.50 \$0.00 \$0.00 \$24,047.21 \$54,443.99 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Disbursements:		
Expenses of Administration Disbursements to Creditors	\$6,313.02 \$63,111.00	
TOTAL DISBURSEMENTS :		<u>\$69,424.02</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 01/01/2021 By:/s/ Ronda J. Winnecour

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.